

Research Article

# The Relationship of Self Efficacy Breastfeeding with Exclusive Breastfeeding in the Working Area of the Bunut Health Center in 2025

Winda Harini<sup>1\*</sup>, Riona Sanjaya<sup>2</sup>, Rini Wahyuni<sup>3</sup>

<sup>1-3</sup> Faculty of Health, Universitas Aisyah Pringsewu, Indonesia

\* Corresponding Author : [winda.harini15@gmail.com](mailto:winda.harini15@gmail.com)

**Abstract:** Breast milk is the best source of nutrition for infants from birth, providing complete nutrients essential for growth, brain development, and immunity. Exclusive breastfeeding during the first six months has been proven to reduce the risk of infectious diseases, prevent malnutrition, and decrease child mortality rates. However, exclusive breastfeeding coverage remains suboptimal. Globally, the breastfeeding coverage rate in 2024 reached only 48%, while in Indonesia it was 67.96%, which is still far below the national target of 80%. In Lampung Province, coverage was 76.40%, while in the Bunut Health Center area, it was only 60%. A preliminary study showed that only 30% of mothers practiced exclusive breastfeeding, while 70% did not, mainly due to perceived low milk production and frequent infant fussiness. The aim of this study was to determine the relationship between Breastfeeding Self-efficacy and Exclusive Breastfeeding practices. This research employed a quantitative analytic design with a cohort approach. The population included all 34 breastfeeding mothers with infants aged five months in the Bunut Health Center working area, with the sample selected using total sampling. The study was conducted in July–August 2025. Data were collected using questionnaires and analyzed bivariately with the chi-square test. The results showed that 18 mothers (52.9%) had high breastfeeding self-efficacy, and 22 respondents (64.7%) did not practice exclusive breastfeeding. A significant relationship was found between breastfeeding self-efficacy and exclusive breastfeeding ( $p$ -value = 0.024; OR = 8,750). Suggestions for mothers are to increase their breastfeeding confidence by actively participating in breastfeeding support groups and involving their husbands for support. For the Health Center, it is recommended to optimize lactation counseling focused on psychological empowerment (self-efficacy) and establish peer support groups to share breastfeeding success stories.

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## 1. Introduction

Breast milk (breast milk) is a natural fluid produced by the mother after the delivery process and is the best food for babies from birth. According to *World Health Organization* (WHO), exclusive breastfeeding is the giving of only breast milk without the addition of other foods or drinks, including water, for the first six months of life, except vitamins, minerals, and medicines when needed. WHO and *United Nations Children's Fund* Recommend the concept *First Hour* (initiation of early breastfeeding the first hour after birth), *First Six Months* (exclusive breastfeeding for the first six months), and *First Two Years* (providing nutritious and safe complementary foods with continuous breastfeeding until the age of two) (WHO, 2025).

Breast milk or commonly abbreviated as breast milk has an important role for babies, starting from being the main source of nutrients for babies that will make them energy, which helps increase immunity and brain development of babies. According to the USDA (*United States Department of Agriculture*) which was released in 2019 The composition of breast milk contains nearly 200 nutrients, including carbohydrates, fats, proteins, vitamins, and minerals, in proportions that are in accordance with the nutritional needs of babies from birth to six months of age that the baby needs to meet the nutrients that are so complete that they are needed by babies from newborn to 2 years old (Mintarsih et al., 2023).

Breastfeeding is a unique way to provide the best food for babies aged 0 months to 24 months and ensure the survival of their lives. Exclusive breastfeeding for the first 6 months of life is able to reduce the mortality rate of toddlers by 13% and is one of the measurement strategies in an effort to increase the nutritional status and survival of toddlers (Suja et al., 2023). The impact on babies who are not fully breastfed is the first 6 months of life at risk of fatal and severe diarrhea. This risk is 30 times greater in serious impact than babies who are not fully breastfed (Irwan, 2023). In addition, research shows a significant relationship between exclusive breastfeeding status and the incidence of stunting, where children who do not receive exclusive breastfeeding have a higher risk of experiencing stunting (Komalasari et al., 2020; Mariyami & Sanjaya, 2022). The success of exclusive breastfeeding itself is greatly influenced by maternal psychological factors, one of which is breastfeeding self-efficacy. Husband's support and low anxiety levels are factors that have been proven to be related to increasing maternal self-efficacy for breastfeeding (Sanjaya et al., 2021). On the contrary, low support and educational factors are often the cause of mothers' failure to provide exclusive breastfeeding (Sanjaya et al., 2020).

Currently, the scope of exclusive breastfeeding is still not optimal. One of the reasons is the abundance of formula milk promotions that create the impression that formula milk is better than breast milk (Mintarsih et al., 2023). The mother's commitment to providing exclusive breastfeeding is also an obstacle, for example because of the assumption that the baby is not full enough with breast milk, especially in the early postpartum, when production is only in the form of small amounts of colostrum. As a result, mothers switched to using formula (Purnamasari et al., 2023). Another obstacle comes from the maternal work factor, as many companies do not yet provide lactation room facilities (Maharani et al., 2024)

Breastfeeding babies for 6 months or exclusive breastfeeding is one of the main parts in *Sustainable Development Goals* (SDGs) which is the world's global action plan to achieve improved health by 2030, Goal 3: Healthy and Prosperous Living. So that the target of exclusive breastfeeding for 6 months in 2025 is 50% (Suja et al., 2023).

According to WHO data, Exclusive Breastfeeding in 2024 will reach 48% (WHO, 2024). Meanwhile, in Indonesia itself, the target of exclusive breastfeeding is 80% and the data available in Indonesia for the coverage of exclusive breastfeeding in 2022 is 67.96%, data according to the Central Statistics Agency (BPS Indonesia) Lampung in 2022 reaches 76.40% (Central Statistics Agency (BPS), 2024). This coverage means that it has not been achieved even though it previously increased in 2020, according to Monica Dara Delia Suja, which was 72.3 (Suja et al., 2023). Meanwhile, at the Bunut Health Center itself, the coverage is still low below the coverage of Lampung data, which is 70%. Therefore, here I am interested in taking the title of the research Relationship *Breastfeeding Self – Efficacy* with exclusive breastfeeding in the working area of the Bunut Health Center

Phenomena in the field show that although exclusive breastfeeding is important and continues to be improved, many breastfeeding mothers still face barriers in starting, continuing, and maintaining exclusive breastfeeding practices. (Add the source of the first paragraph and then continue to this narrative. There are many factors related to exclusive breastfeeding, including husband support, mother's education, mother's knowledge (Fidawati, et al. 2022), One of the main factors is self-confidence (*self-efficacy*) mother in breastfeeding. *Breastfeeding self-efficacy* is an important psychometric factor associated with the success of exclusive breastfeeding. Mothers with *self-efficacy* low tend to doubt their ability to breastfeed, feel that breast milk production is lacking, and finally choose to give formula milk (Mustika., 2024). BSE has an important influence on the success of exclusive breastfeeding. When a mother has strong confidence in her ability while breastfeeding, the body will respond positively by producing a lot of breast milk through hormones that increase because of this strong belief. Most of the obstacles of mothers in breastfeeding are the lack of the level of self-efficacy of mothers to their ability to breastfeed (Khoiriah, 2024). Usually mothers with low efficacy will feel that they are unable to breastfeed their babies. This is due to several factors including mothers who are afraid and worried about the release of not much breast milk, so it will not

be enough to meet all the nutrition of their baby. This condition is very risky to the mother's perception, therefore mothers will tend to choose to give formula milk that is considered more able to support the nutrition of their baby (Mustika., 2024)

Based on previous research, the results of the study showed that of the 59 respondents, most of the breastfeeding mothers had *Breastfeeding Self-Efficacy* which is low, which is 72.9% or as many as 43 respondents. The researchers concluded that most of the mothers in the study had *Breastfeeding Self-Efficacy* low. This is because most mothers cannot maintain their desire to always breastfeed, mothers are not sure that they will be able to provide enough breast milk for their babies, and the most important thing is that mothers do not understand the importance of exclusive breastfeeding for babies (Verawaty et al., 2024).

Data on the achievement of Exclusive Breastfeeding in the Pesawaran Regency Health Office area The presentation of babies under 6 months of age who receive Exclusive Breastfeeding is 70% of the target of 73%, while the percentage of 6-month-old babies who receive Exclusive Breastfeeding is 56% of the target of 61%, while the achievement data in the work area of the Bunut Health Center, Way Ratai District as much as 60%, means that it is still far from the achievement of Exclusive Breastfeeding in Lampung in 2022, which is 76.40% (BPS, 2025) and is still below the achievement of the Pesawaran Health Office, which is 70%. The Bunut Health Center area consists of 11 villages, then the researcher conducted a preliminary study in Bunut Seberang village which covers the 3 lowest villages in the Bunut Health Center work area, namely 10 babies, this means having 10 breastfeeding mothers and conducting interviews. The results of the interviews were obtained as many as 3 (30%) mothers who did exclusive breastfeeding and 7 (70%) mothers who did not give exclusive breastfeeding. 7 mothers who do not give Exclusive Breast Milk 4 of the reasons why breastfeeding mothers do not give Exclusive Breast Milk is because from the beginning after giving birth there is only a little breast milk, therefore the mother gives her additional milk in addition to breast milk. Mothers are afraid because their babies are fussy all the time, so mothers are worried that their babies will feel thirsty and hungry. This means that the mother is not confident that her breast milk can be enough for her baby. Meanwhile, the other 2 villages are busy working and are close to the parent market.

Based on the preliminary study, the researcher is interested in conducting research in the working area of the Bunut Health Center on "The Relationship between *Self-efficacy* Breastfeeding and Exclusive Breastfeeding" in the work area of the Bunut Health Center in 2025.

## 2. Literature Review

(Susanti et al., 2022) in his research entitled "*The Relationship of Breastfeeding Self Efficacy to the Success of Exclusive Breastfeeding for Breastfeeding Mothers in the Working Area of the Rejosari Health Center, Pekanbaru City*" Using Research Design *Cross-sectional* with a sample of 50 breastfeeding mothers selected through the *purposive sampling*. The data collection instrument was in the form of a questionnaire and analyzed using the chi-square test. The results showed that there was a significant relationship between the *Self-efficacy* breastfeeding mothers with success in exclusive breastfeeding ( $p=0.022$ ). Mothers who have high confidence in breastfeeding tend to be more successful in giving exclusive breastfeeding to their babies. The conclusion of this study is that increasing maternal confidence in breastfeeding plays an important role in the success of exclusive breastfeeding, so there is a need for education and social support in order to improve *Self-efficacy* mother.

Difference: The sample in this study is all breastfeeding mothers who have a 5-month-old baby in the Bunut Health Center Working Area as many as 33 respondents using the total sampling research method, while the 2022 Susanti et al. research has a sample of 50 respondents using *purposive sampling techniques*.

(Suja et al., 2023) in his research entitled "*Breastfeeding Self-efficacy and the Success of Exclusive Breastfeeding in Bandar Lampung City*" Using Research Design *Cross-sectional* with techniques *purposive sampling*. The study was conducted on 50 breastfeeding mothers aged 6-24 months in the working area of the Korpri Health Center, Bandar Lampung City. Data was collected using a questionnaire *Breastfeeding Self-efficacy Scale-Short Form* (BSES-SF) and analyzed using chi-square test and simple logistic regression through SPSS 26 software. The results of the study showed that there was a significant relationship between breastfeeding *self-efficacy* with the success of exclusive breastfeeding ( $p$ -value = 0.000; OR = 14, CI 95% 3.35–58.77). As many as 68% of mothers managed to give exclusive breastfeeding, where the majority of them had a high level of self-efficacy of breastfeeding. This study concluded that mothers with high confidence in breastfeeding were 14 times more likely to successfully breastfeed exclusively

compared to mothers who had low self-efficacy. Therefore, increased breastfeeding *self-efficacy*. It is essential to encourage the success of exclusive breastfeeding, which can be achieved through education and support from health workers.

Difference: The sample in this study is all breastfeeding mothers who have babies aged 5 months in the Bunut Health Center Working Area as many as 33 respondents using the total sampling research method, while the 2023 research Suja et al study of breastfeeding respondents who have babies aged 6 – 24 months with a total sample of 50 respondents and using *purposive sampling techniques*.

(Lestari et al., 2024) In the research titled "*Breastfeeding Self Efficacy with Exclusive Breastfeeding for Breastfeeding Mothers in Margorejo Village, Pati Regency*" using a quantitative approach with a cross-sectional design. This study involved 54 breastfeeding mothers with infants aged 6–12 months in Margorejo Village, where the entire population was sampled (*Total Sampling*). The research instrument used a BSES-SF questionnaire consisting of 12 items. Data analysis was carried out using the Chi-Square test with the normality test *Shapiro-Wilk*. The results showed that out of 30 mothers with breastfeeding *self-efficacy* 16 people (53.3%) gave exclusive breastfeeding, while of 24 mothers with low self-efficacy, only 3 people (12.5%) managed to give exclusive breastfeeding. The p-value obtained was 0.005 ( $p < 0.05$ ), which indicates a significant relationship between breastfeeding *self-efficacy* with exclusive breastfeeding. This study highlights the importance of increasing the self-confidence of breastfeeding mothers, especially in areas with low exclusive breastfeeding coverage such as Margorejo, which only reaches 3.39%. In conclusion, mothers who have high self-efficacy in breastfeeding tend to be more successful in providing exclusive breastfeeding, so interventions that support this increase in self-efficacy are needed.

Difference: The sample in this study is all breastfeeding mothers who have babies aged 5 months in the Bunut Health Center Working Area as many as 33 respondents using the total sampling research method, while the sustainable research in 2024 is breastfeeding respondents who have babies aged 6-12 months with a total sample of 54 respondents and with different places.

### 3. Results and Discussion

#### Univariate Analysis

**Table 1.** Frequency distribution of *Breastfeeding Self – Efficacy* in the work area of the Bunut Health Center in 2025.

<i>Breastfeeding Self – Efficacy</i>	Frequency	Percent
Low	16	47.1
Height	18	52.9
Total	34	100.0

Based on table 1 Of the 34 respondents, most mothers have high breastfeeding efficacy, which is as many as 18 people (52.9%). Meanwhile, respondents with low breastfeeding efficacy amounted to 16 people (47.1%).

**Table 2.** Frequency of Exclusive Breastfeeding in the Bunut Health Center work area in 2025.

Exclusive Breastfeeding	Frequency	Percent
Exclusive Breast Milk	22	64.7
Exclusive Breast Milk	12	35.3
Total	34	100.0

Based on table 2, it is known that the distribution results show that 22 respondents (64.7%) did not give exclusive breastfeeding to their babies, while only 12 respondents (35.3%) managed to give exclusive breastfeeding.

### Bivariate Analysis

**Table 3.** The Relationship between *Breastfeeding Self-Efficacy* and Exclusive Breastfeeding in the Bunut Health Center work area in 2025.

Breastfeeding Self-Efficacy	Exclusive Breastfeeding						P-value	GOLD 95% CI		
	Exclusive Milk		Breast Milk		Quantity					
	n	%	n	%	N	%				
Low	14	87.5	2	12.5	16	100		8.750		
Height	8	44,4	10	55.6	18	100	0,024	(1522-		
Total	22	64.7	12	35.3	34	100		50.309)		

Based on table 3, based on the results of analysis of 34 respondents, it is known that in the group of mothers with low breastfeeding efficacy, most of them do not give exclusive breastfeeding, namely as many as 14 people (87.5%), and only 2 people (12.5%) give exclusive breastfeeding. Meanwhile, in the group of mothers with high breastfeeding efficacy, more than half of the respondents gave exclusive breastfeeding, namely 10 people (55.6%), and 8 people (44.4%) did not give exclusive breastfeeding. The results of the Chi-Square test showed a value of  $p = 0.009$  ( $p < 0.05$ ), which means that there is a significant relationship between the efficacy of breastfeeding and exclusive breastfeeding. Based on the Risk Estimate, a Risk Ratio (RR) value of 1.97 (95% CI: 1.14–3.41) was obtained for the event of not exclusively breastfeeding. This shows that mothers with low breastfeeding efficacy have almost 2 times greater risk of not breastfeeding exclusively compared to mothers with high breastfeeding efficacy.

### Discussion

#### Univariate Analysis

##### *Breastfeeding Self-Efficacy*

The results showed that most mothers had high *self-efficacy breastfeeding* (52.9%), while the other 47.1% were in the low category. These findings indicate that the majority of mothers in the Bunut Health Center's work area have good self-confidence in breastfeeding, although almost half of the respondents still show a low level of confidence.

The concept of *self-efficacy* is a major part of Bandura's *social cognitive theory*, which emphasizes that an individual's belief in his or her abilities will influence behavior and the achievement of certain outcomes. In the context of breastfeeding, *breastfeeding self-efficacy* reflects the mother's confidence in her ability to provide optimal breastfeeding. Mothers who have high self-efficacy tend to be more confident and able to overcome challenges in the breastfeeding process.

The results of this study are in line with several previous studies. Lestari et al. (2024) found that 55.5% of breastfeeding mothers have *high self-efficacy breastfeeding*. Susanti et al. (2022) also reported that 60.0% of breastfeeding mothers showed high self-efficacy, while Suja et al. (2023) stated that 64% of mothers were in the category of high self-efficacy based on BSES-SF measurements. The consistency of these results shows that in general, breastfeeding mothers tend to have good self-confidence in breastfeeding.

According to the researchers, the high *level of breastfeeding self-efficacy* in most of the respondents was influenced by age factors, because all mothers were in the ideal reproductive age range (20–35 years) who were physically and psychologically more ready to breastfeed. However, the still high proportion of mothers with low self-efficacy shows that *breastfeeding self-efficacy* is influenced by various factors, such as education level, breastfeeding knowledge and experience, breastfeeding techniques, emotional state, and family support. The majority of respondents who do not work allow them to have more time to breastfeed, but limited education and understanding of breastfeeding techniques are still obstacles. Therefore, researchers assess the need to improve lactation education and counseling on an ongoing basis to strengthen the efficacy of breastfeeding and support the success of exclusive breastfeeding.

##### **Exclusive Breastfeeding**

The results showed that most of the respondents did not give exclusive breastfeeding, namely 22 people (64.7%), while only 12 respondents (35.3%) managed to give exclusive

breastfeeding until the baby was 6 months old. This finding indicates that exclusive breastfeeding coverage in the Bunut Health Center's work area is still relatively low.

According to the Ministry of Health of the Republic of Indonesia, exclusive breastfeeding is breastfeeding from the baby birth to the age of 6 months without additional food or other drinks. WHO also emphasizes that exclusive breastfeeding only allows breastfeeding, except for certain vitamins, minerals, or drugs. Exclusive breastfeeding plays an important role in meeting the nutritional needs of babies, boosting the immune system, and supporting optimal growth and development.

The results of this study are in line with several previous studies that show that the success of exclusive breastfeeding still varies. Lestari et al. (2024) and Susanti et al. (2022) reported that around 64% of mothers managed to provide exclusive breastfeeding, although there is still a proportion of mothers who have not been able to maintain it for up to six months. Suja et al. (2023) also reported that 32% of mothers did not exclusively breastfeed. These findings confirm that exclusive breastfeeding practices still face various challenges.

According to the researcher, the low success of exclusive breastfeeding in this study was influenced by various factors, including maternal perception of the adequacy of breast milk production, early supplemental feeding due to family influence, limited knowledge and breastfeeding techniques, and fatigue and lack of family support. Although all respondents were at the ideal reproductive age and the majority were housewives, age and employment status factors did not directly guarantee the success of exclusive breastfeeding. The level of education dominated by secondary and primary education also affects mothers' understanding of the importance of exclusive breastfeeding. Mothers who successfully provide exclusive breastfeeding generally have better confidence and adequate family support. Therefore, researchers emphasize the need for education, lactation counseling, and family involvement to increase the success of exclusive breastfeeding.

#### Bivariate analysis

##### ***The Relationship between Self-Efficacy Breastfeeding and Exclusive Breastfeeding***

The results of the *Chi-Square* test showed a significant relationship between *self-efficacy breastfeeding* and exclusive breastfeeding ( $p = 0.009$ ). The risk analysis showed a *Risk Ratio* (RR) value of 1.97 (95% CI: 1.14–3.41), which means that mothers with low breastfeeding efficacy have almost twice the risk of not breastfeeding exclusively than mothers with high breastfeeding efficacy. These findings confirm that the efficacy of breastfeeding is an important factor in the success of exclusive breastfeeding.

Theoretically, *breastfeeding self-efficacy* is a mother's belief in her ability to breastfeed effectively. According to Bandura and Dennis, individuals with high self-efficacy have better psychological resilience, are able to overcome obstacles, and are more consistent in maintaining behavior. In the context of breastfeeding, mothers with high efficacy tend to see the challenges of breastfeeding as a condition that can be overcome, while mothers with low efficacy are more likely to feel like failures and stop exclusive breastfeeding.

The relationship between BSE and breastfeeding is also explained through hormonal and motivational mechanisms. When a mother has strong confidence in her abilities, the body will respond positively by increasing the production of the hormones oxytocin and prolactin which support smooth milk excretion. Conversely, low self-efficacy often triggers anxiety that can inhibit the *let-down reflex*, so mothers perceive their milk production is lacking and tend to switch to formula. Thus, BSE not only serves as a motivational driver to keep breastfeeding, but also physiologically affects the success of breast milk production during the first six months of a baby's life.

The results of this study are in line with various previous studies. Susanti et al. (2022), Suja et al. (2023), and Lestari et al. (2024) reported a significant relationship between *breastfeeding self-efficacy* and the success of exclusive breastfeeding.

According to the researchers, the high proportion of mothers with low breastfeeding efficacy who do not provide exclusive breastfeeding shows that low maternal self-confidence plays a direct role in breastfeeding decision-making. Mothers with low efficacy tend to doubt the adequacy of breast milk, have weak psychological resilience, and are more likely to switch to formula when facing breastfeeding barriers. However, a small percentage of low-efficacy mothers still managed to provide exclusive breastfeeding due to external booster factors, such as family support and guidance from health workers. Conversely, although high breastfeeding efficacy increases the chances of exclusive breastfeeding success, environmental stress, physical fatigue, and role load can lead to exclusive breastfeeding failure. Therefore, researchers concluded that *breastfeeding self-efficacy* is a key factor in the success of exclusive breastfeeding,

but its effectiveness is highly dependent on environmental support, the mother's physical and psychological condition, and ongoing lactation assistance.

#### 4. Conclusions

Based on the results of the study, it can be concluded that most breastfeeding mothers in the work area of the Bunut Health Center have *high breastfeeding self-efficacy* (52.9%), but the majority of respondents (64.7%) have not succeeded in providing exclusive breastfeeding until the baby is six months old. There was a significant association between *self-efficacy breastfeeding* and exclusive breastfeeding ( $p = 0.009$ ; RR = 1.969), which suggests that mothers with low breastfeeding efficacy have almost twice the risk of not giving exclusive breastfeeding. These findings confirm that self-confidence is a crucial factor in breastfeeding success.

As a suggestion relevant to the findings, breastfeeding mothers are expected to increase their confidence by actively discussing in breastfeeding support groups and involving their husbands' support to create a conducive environment during breastfeeding. For the Bunut Health Center, it is recommended to optimize the lactation counseling program that not only provides technical information, but also psychological strengthening (*self-efficacy*) for mothers. The formation of peer support groups and the use of digital educational media such as short videos can be effective strategies to share breastfeeding success. For the next researcher, it is recommended to explore other supporting variables such as family and cultural support through direct observation methods to obtain more comprehensive data.

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